

**MHSOAC**  
Mental Health Services Oversight and Accountability Commission  
Commission Meeting Minutes  
Thursday, July 24, 2008

Capital Ballroom, Salon B  
Doubletree Hotel  
2001 Point West Way  
Sacramento, CA 95815

**I. Call to Order**

Vice Chair Poat called the meeting to order at 9:14 a.m.

**II. Roll Call**

Commissioners in attendance: Andrew Poat, Vice Chair. Wesley Chesbro, Bill Kolender, Mary Hayashi, David Pating, Beth Gould, Eduardo Vega, Larry Poaster, Larry Trujillo, Darlene Prettyman, Patrick Henning, Mark Ridley-Thomas.

Not in attendance: Linford Gayle, Chair; Tom Greene.

Twelve members were present and a quorum was established.

Chair Gayle was not present; Vice Chair Poat assumed the responsibilities of the Chair. He acknowledged an announcement from the Governor's Office regarding Commission appointments. Two previous appointees, Calvin Lee and Saul Feldman, have retired and are no longer eligible to serve on the Commission. Thus, the Governor announced two new appointees, Richard Bray and Howard Kahn, who will join the Commission at next month's meeting.

**III. Minutes Approval of June 24 and 25, 2008**

Vice Chair Poat commented that page 25, which currently states "*Vice Chair Poat asked that a 'roll-up sheet' be added that will denote Commission accomplishments*" should be updated and the wording "*that better summarizes the outcomes that the proposed work plan would accomplish*" be added to further clarify the term "roll-up sheet."

Commissioner Vega stated that the top of page 11, which currently reads "*He then asked how the program enables people to move on to independent living?*" infers that the "He" mentioned at the beginning of the sentence references Commissioner Pating. In actuality it was Commissioner Vega who posed the question.

Also, page 16 currently states "*Commissioner Vega clarified that Client and Family Leadership and Cultural and Linguistic Competence Committees will now be two*"

*separate Committees.”* Commissioner Vega asked that the sentence be struck from the record.

In addition, page 21 references Ms. Sandra *Nayor* Goodwin; and should read Sandra *Naylor* Goodwin.

**Motion:** Upon motion by Vice Chair Poat, seconded by Commissioner Henning, the June 26-27 Minutes were unanimously approved as amended above.

**IV. ACTION ITEM: Make Available PEI Statewide Training and Technical Assistance Funding to Counties (\$6 million x 4 years)**

Beverly Whitcomb, MHSOAC staff, presented the updated proposed Motions. The first was that the \$6 million funding per year for four years would be made available to interested counties for the purpose of funding strategies to provide training, technical assistance and capacity building for community partners, which would enable counties and their community partners to collaborate in the development of county PEI plans.

The first proposed Motion would address the immediate need for counties to partner with their communities to complete and implement their PEI plans; it would allow funds to be distributed relatively immediately; it avoids creating categorical funding and thus less administrative burden on counties; and is consistent with Commission policy to work closely with community partners as referenced in Welfare and Institutions Code Section 5856-C.

Conversely, the first Motion would be inconsistent with the original intent of the PEI principles that funds be administered at the state level. In addition, there would be no way to require counties to engage in specific capacity building activities. Also, some Commissioners had expressed interest in establishing a statewide MHSA training and technical assistance center.

A substitute proposed first Motion would be that the Strategic Planning and Organizational Development Committee would review the Mental Health Services Act Technical Assistance and Training Policy Paper that was developed by Commissioners Pating and Poaster and this committee would bring forth recommendations regarding this paper to the full Commission.

Commissioner Pating stated that he is prepared to submit the substitute motion, primarily because it will help clarify the intent of their discussions as well as eliminating some of the cons listed in the staff report.

The substitute proposed first Motion would allow further discussion and development of a long-term initiative for statewide technical assistance and training activities to implement the MHSA; it positions the Commission to provide statewide leadership in this area; and is consistent with the plan to move towards the Integrated Plan.

The two proposed first Motions were then placed side by side and the Commission compared and contrasted them. The substitute proposed first Motions states: *“Consistent with PEI policy established by the MHSOAC on 11-24-07 and agreed upon by the major stakeholders, it is moved that \$6 million per year for four years be allocated to the counties for the purpose of developing and providing statewide training, technical assistance and capacity building for community partners to assure the appropriate provision of prevention and early intervention activities.”*

Commissioner Pating stated that the substitute proposed Motion would hopefully help clarify the intent of MHSOAC regarding the intent of allocating these monies to the county. Vice Chair Poat added that the substitute proposed Motion provides a method for establishing a mechanism that allows the Commission to spend the money statewide. The Commission does not currently have the legislative authority nor the staff capacity to perform those duties; thus, the choice is to move away from the original vision, but get the money out into services; or wait a number of months or longer in order to create that capacity at the state level. Commissioner Poaster noted that hopefully the substitute proposed Motion conveys the expectation that the Commission is not moving away from the concept of a statewide technical assistance, training and capacity building function; but rather doing it in a way that will allow the money to get out a year or so before any other option would be available.

Commissioner Pating also stated that there has been no formal policy to date that the MHSA would direct the structure of or have an interest in the global aspects of training required to get the policy implemented. He then discussed portions of Version One of the Draft “Providing Direction for the MHSA 3-Year Integrated Plan and Annual Update.”

Commissioner Henning asked if the \$24 million mentioned in the substitute Motion comes out of the PEI money; Executive Director Whitt responded that it did. He then asked how this would function with the workforce education and training funds? Commissioner Pating stated that they would need to work together and he would hope alliances would be found; in essence, a coordination policy would need to be established.

Commissioner Henning asked if the policy proposed in the substitute Motion might be implemented with other areas of the Act? He stated that putting out the money (the \$24 million) in this area (PEI) is a good idea and wondered if that might also be applicable to other parts of the Act? The Commission decided that this concept would be discussed further in the future.

Commissioner Vega expressed gratitude for the clarification provided by the substitute proposed motion and expressed his support for the idea of drafting a formal policy.

(Commissioners Ridley-Thomas, Chesbro and Trujillo joined the Meeting.)

Commissioner Poaster explained that “community partners” refers to all the stakeholders that are integral in implementing a valid and successful prevention and early intervention strategy.

Stephanie Welch added that the resources are directed at capacity building with partners. For example, at the local level, in order to implement a PEI program you may have to do some training with your potential partner in education around how to contract with the county or develop the capacity to comply with any kind of reporting requirements; for example, in partnership with a Promotores model.

Vice Chair Poat added that it is a means of interacting with and bringing conclusions from a community that is underserved; it is a strategy for reaching out to a historically underserved community for purposes of getting their input on what types of services would be beneficial and how those services should be provided.

Commissioner Vega added that one of the challenges that a lot of people are facing is how to incorporate the small community organizations -- that really know how to do the work, that are really grounded in their community and know how to make change and get the message to people and get people involved in reaching out -- into the structure. Those organizations have never contracted with the county, so every time they try to approach the prospect of being an MHSA partner they are hindered by many levels of competence that they just don't have.

### **Public Comment**

- Jan Ryan, who has worked in prevention for the last 20 years, commented on the partnerships she has needed to build to serve the needs of the families and youth her organizations were working with. She has also worked with Senator Steinberg's office in developing the student mental health language as well as with the CIMH as one of the presenters at the regional forum.

At the regional forum she was asked how do you select an evidence-based practice from the entire list of resources, practices and processes? That question was asked of everyone in prevention 10-12 years ago. The only reason she was able to face it was because of the statewide technical assistance she received. She acknowledged some of those players -- West Ed, the Center for Applied Research Solutions, the Search Institute, the California Prevention Initiative, the Youth Leadership Institute, and the UCLA Center for Mental Health. All of those centers are ready and waiting for timely delivery of TA and training. She encouraged the Commission to consider those that are ready and waiting.

- Rocco Cheng, Pacific Clinics, stated that the feedback he received was that, in general, people had positive experience from their training. At the same time he was concerned because he realized that much of the information imparted during the presentations was quite basic, especially for those who were involved with

training for 10-20 years. He realizes that there is a large discrepancy between the experience and competence of the county and the community. He echoed earlier comments that expertise does exist in the community. The county DMH system provides excellent support and service for the more severe mental health issues but when it comes to PEI issues communities usually have the expertise.

He urged the Commission to consider that it would be a good partnership to have the traditional training and TA combining with the high competence level in the community. How can the services be brought to a science level and at the same time help county people catch up so when we move to the Integrated Plan we will be on the same wavelength?

He has also been involved in some statewide TA services and would like to recommend a case management model for the Commission to consider. This means that you take an assessment of the competence level of the individual counties, provide global and original statewide training but after that it's very important to go to the county and assess their local needs and provide them with ongoing technical assistance and support. Each county's needs will be very different. He encouraged the Commission to consider the importance of the TA case management model.

- Stephanie Welch, County Mental Health Director's Association, stated that they support the second proposed motion. They support a statewide approach to utilizing the limited resources at hand, as it is the most cost-effective way of doing so.
- Sandra Duval, United Advocates for Children and Families, echoed Ms. Welch's comments.
- Carmela Castellano-Garcia, California Primary Care Association, stated that they support the MHSA technical training and assistance policy, particularly number six, which talks about developing the capacity of non-traditional mental health partners to participate in the program. They agree with the need for technical assistance in areas such as contracting, which is really critical for their primary care providers to be able to participate at the local county level. She also added that it's important that they have further input to ensure that a mechanism exists for broader stakeholders to be included in the process.
- Stacie Hiramoto, REMHDCO, complemented Commissioner Pating and the others for the policy paper, and supported what Ms. Castellano-Garcia said regarding whatever process is used, they hope that the stakeholders will be involved. She also thanked the Commission staff for providing clarification. They would support the motion in whatever form it takes.

- Fran Edelstein, California Alliance of Child and Family Services, stated that they support Commissioner Poaster's motion because of the emphasis on the statewide approach. She also urged that the motion provide some guidance to the counties in the Commission's oversight role. They would like to see included that it would be a statewide effort, in partnership with county-specific efforts.

Also, they would like to see that work include a robust stakeholder partnership, stakeholder involvement and guidance in the project, and that stakeholders include non-traditional partners. Finally, they would like to see the non-traditional partnerships participate through sub-contracts or other means in the development and delivery of the technical assistance and training and would like to see it go beyond non-traditional partners being trained; they would like to see the funds be used to educate the rest of the system so they can further develop their skills, abilities, programs and approaches so the system can become the best that it can be.

- Kerrilyn Scott-Nakai, Center for Applied Research Solutions, recognized the significant challenge the Commission faces in providing the most effective ways to implement the monies and provide statewide technical assistance and training services. She hopes that while the development of a statewide TA and training is considered, the Commission will look at different options and models of statewide TA service delivery.

She stated that \$6 million was a lot of training money and noted that her Center, using about \$2 million, was able to implement about 3,000 TA days per year, approximately 150 training events, including 35 regional events and 3-4 statewide training events. She hoped that there was room to allocate money back to the counties as well for their own local implementation purposes. In addition she hoped that ways to facilitate participation at the local level -- from the county staff to the service providers to the community stakeholders and the consumers themselves -- would be encouraged and supported.

- Carol Hood, CDMH, stated that, based on whatever the Commission's decision is today, they will need to write guidelines for this; and she requested that the Commission provide clarity in that so that they can fully understand what the Commission's intent was. Will this money be used exclusively for training and technical assistance so that there would be tracking of those specific amounts in county expenditure reports?

Commissioner Ridley-Thomas commented that the Motion in and of itself ought to be sufficiently clear, and if it isn't then the motion needs to be restated or reworked so that there is no lack of clarity or ambiguity. There is an explicit point made of training and technical assistance as well as capacity building for community partners; he would like to further understand why that isn't clear and what refinement is warranted to ensure that the full intent of the Commission is understood and implemented.

Commissioner Henning echoed those comments and seconded his concern that the Department would be giving clarity to something that the Commission is acting on. He believes that is the purview of the OAC.

Ms. Hood re-emphasized the importance of the Commission following through on what the direction is and making sure that the Department understands that. She agreed that the Motion seems clear; her concern is that the staff analysis indicates that this would not set up a categorical funding source.

Vice Chair Poat also agreed on the importance of the motion being as clear as possible and secondly, to what degree will the policy they have been discussing add further clarity to what they would like to see in the process? Ms. Hood noted that there have been challenges in the past and she re-emphasized the importance of starting off with as much clarity as possible.

Commissioner Ridley-Thomas stated that the question is how do we avoid “the disconnect?” The intent of the Commission ought to be explicated so that there is no disconnect. Any lack of clarity would be problematic from his point of view.

Commissioner Poaster asked how is this process different from previous processes? Ms. Hood responded that in the proposed Motion the counties have to submit a plan on how they are going to use the money. In the other processes the counties simply transmit the money to their local departments and don't have to submit a plan.

- Will Rhett Mariscal, CIMH, added that, from the perspective of the roundtable discussions that have been held for prevention and early intervention, there are counties at various stages of the planning process. There is a real need for money now and he thanked the Commission for making those monies available. He echoed earlier comments and noted that there is a big emphasis for counties and their need for training and their need for implementation as well as planning. He pointed out a potential lack of clarity in terms of the wording of the motion -- are all three components of training, technical assistance and capacity building available to all community partners or only for counties, etc.?
- Arnulfo Medina, California Youth Empowerment Network, echoed earlier statements. They do not oppose the motion but want to make sure everything is clear.
- Delphine Brody, California Network of Mental Health Clients, stated that they feel it is a fine proposal and would like to make sure that there is a robust stakeholder process. To help ensure that, they have the following suggestions of language to be added to page two of the proposal:

- Point three, where it says “provides technical assistance or expertise necessary to plan, implement and evaluate MHSA components” they

would like that expertise to include client and family experience, including the experience of parents and caregivers;

- Point four, on including training and TA by family members for partners and stakeholders;

- Point five, include “materials by family and client member organizations;”

- Point six, “capacity for client and family members” along with traditional and non-traditional mental health partners. They wish to ensure that family and client members are mentioned.

Vice Chair Poat asked that the second motion (the substitute motion) be placed in a primary position.

Commissioner Poaster briefly restated that the substitute motion is trying to implement, in an expeditious way, the development of the policy as identified and established by the OAC. It is specific in terms of the goals, what the technical assistance is and who it is geared to; and he urged that work be done to assure that the requirements aren't burdensome.

Ms. Hood reiterated that PEI money remains PEI money, even under the Integrated Plan. These are PEI local assistance funds and must be used for things that are consistent with PEI.

Commissioner Pating commented that they are striving to assure that there is a statewide component to this. Can this be mandated? Ms. Hood responded that the Department has to tell the counties what are and are not eligible funds. The state cannot tell a county who to contract with, other than it must be someone with statewide capacity. She stated that part of the standards could be that, whoever is selected, they agree to coordinate with other training entities that are selected under the same source of funds.

Commissioner Poaster commented that it's his understanding that the counties have developed a position that they wish to contract with a statewide entity to provide PEI. Since the statute requires the money to go to the counties it is unlikely that they would choose to go with an entity that is not statewide.

Ms. Welch noted that the counties underwent a process to identify the benefits of a statewide approach to technical assistance. The counties then reiterated that it is still their choice to have a statewide approach used for the PEI funds and the counties are very supportive of that.

Vice Chair Poat summarized that there is general support for the substitute Motion; there is an absolute desire to get the money distributed and to begin to realize the opportunity



the program potentially provides; that the county mental health providers have indicated that the most efficient way to spend the money is to spend it in a coordinated fashion; and it sounds like there is a “gentleperson’s agreement” that they can get the money out, spend it through some coordinated efforts, and have effective programs sooner rather than later.

Commissioner Ridley-Thomas asked if this agreement precludes joint ventures with local entities? Vice Chair Poat responded that this process will enable that. Commissioner Poaster noted that in no way would the Motion preclude joint ventures.

Commissioner Prettyman asked what happens if the counties don’t use all the monies? Ms. Hood responded that the money reverts to the state after three years, the same as any other contract. In addition, the way she reads the current motion, all of the money would go towards a statewide effort.

Commissioner Ridley-Thomas further stated that the idea of partnerships at the local level needs to be modeled in the context of the contracting itself. If not, the Commission has failed to fully articulate their objectives.

Commissioner Chesbro stated that the definition of community partners has been requested and the Commission should, at a minimum, include mentioning family members and clients.

Vice Chair Poat noted that consensus has not yet been reached. Broad consensus has been reached that the substitute motion is the right direction to take; and that the Commission wants to get the money out. A short recess was then taken to allow Commissioners and staff to confer on the wording of the substitute Motion.

(Technical taping issue -- unable to record specific wording of the motion).

(Recording begins again here.)

**Motion:** Upon motion by Vice Chair Poat, seconded by Commissioner Pating, the Action Item was approved by unanimous vote.

**V. Presentation and Discussion on Proposed MHSOAC Policy Paper: “Mental Health Services Act Technical Assistance and Training Policy**

Vice Chair Poat noted that more work would be required on the Policy Paper. It was decided that a committee report on the Paper would be added to a future agenda.

**VI. CONSENT CALENDAR**

**Mono County PEI Plan  
Monterey County PEI Plan**

Ann Collentine and Deborah Lee provided a quick overview of the plans and recommended approval.

### **Public Comment**

- Sandra Duval, UACF, congratulated Mono County for their plan. Regarding the Monterey County plan:
  1. In the system navigator plan as proposed, she wanted to make sure that some of the navigators were familiar with the mental health system; that they weren't just for adults.
  2. On partnership on multilingual parenting services -- her concern is that this not be used as a substitute for proper mental health care for children, nor that it be used for a barrier; that is, parents shouldn't be required to have parent-education parenting classes before their children get mental health care that is needed.
  3. Regarding a couple of other programs, including the Network of Care Program, the Emotions Anonymous/Schizophrenics Anonymous support groups, and the TAY Wellness Center -- there is nothing wrong with the programs, she is simply unclear as to how they fell in the prevention or early intervention.
- Wayne Clark, Monterey County Director of Mental Health, thanked the staff and Commission and responded to the concerns mentioned above.

Ms. Collentine added that Mono County's recommendation is actually \$125,000 in total (not the \$200,000 listed in the packet); and Monterey County's total amount being requested is \$3,357,700.

**Motion:** Upon motion by Commissioner Hayashi, seconded by Commissioner Poaster, the Commission unanimously adopted both plans on the Consent Calendar.

### **VII. Update on the MHSA Integrated Plan**

Carol Hood presented the update. Some highlights:

- The DMH's goal is a transformed and integrated system. The Integrated Plan is a tool to help them get there. It is necessary to go beyond the integration of the components to the integration of the MHSA into the public health system.

- Three main goals are to simplify, to move to indicators to determine success, and to integrate both the components of the MHSA and the MHSA into the public health system.
- There is a need to recognize and support the role of the local community process within the framework that DMH establishes.
- A stakeholder process is being used and much intensive work is ongoing. Target date for completion is September 30, 2008.
- The strategy is to assume that this is an evolving and developing process. Each three year integrated plan will be a step forward from the previous. A single three year planning process will begin in '09-'10.
- They want to build from what has already been started -- to start simple and to improve and refine over time. They will move towards a comprehensive document and plan.
- They are working directly with the small counties to minimize the administrative burdens of implementing the integration plan.
- The overall goal is to get to a point where they move beyond the "crisis" mode to a point where local communities can begin to plan for the future in a meaningful way.

Executive Director Whitt suggested that the first step in soliciting commissioner input on the Integrated Plan can begin at this meeting. She invited commissioners to contact her or other MHSOAC staff regarding the Plan.

Ms. Hood stated that the target date is to have a first draft of Plan guidelines by August 13<sup>th</sup>. Ms. Whitt added that she hopes to obtain the draft prior to the August 13<sup>th</sup> target date to provide time for Commissioner input.

Commissioner Pating expressed concern that the OAC was being brought in a little late, after the stakeholder process began. He stated that opportunities were available for the Commission to provide valuable input on a variety of subjects related to the Plan, especially given the broader vision of integrating the MHSA into the public health system. The Co-Occurring Disorders Committee will provide their first draft report on this input at the next meeting.

Commissioner Henning commented on the need for system integration and transformation; and especially the need to receive the county plans and look them over.

## **Public Comment**

- Carmen Diaz expressed her concern about where information is going to be acquired? Where are the outcome measures going to come from? Will they go to the Department or to the outside communities, who have very different ideas about what is going on.
- Gwen Slattery, UACF, expressed her concern that if there is no consistent stakeholder input, then the Plan will slowly creep back to the old way of doing things, without the stakeholder.

Executive Director Whitt suggested that a position paper that documents the Commission's integrated viewpoint would be helpful. The process for this might be to assign a staff person to begin collecting input from the various Committees, Workgroups and Commissioners.

Commissioner Poaster expressed the importance of taking a close look at the Department of Finance OSAE Report, which delineates many steps at simplifying the process as the Commission moves forward (a discussion of the Report is scheduled for later today).

## **VIII. Update on Prevention and Early Intervention (PEI) Statewide Projects**

### **Suicide Prevention**

#### **Student Mental Health Initiative**

#### **Stigma and Discrimination Reduction**

Barbara Marquez, DMH, provided the update on suicide prevention. The plan was approved by the Governor on June 30<sup>th</sup> and will be widely distributed throughout the state in various venues, including a series of PEI Roundtable discussions.

There will be ongoing training and technical assistance, in coordination with the larger effort discussed earlier in the day. Procurement documents are being prepared in anticipation of release of funding and it is hoped the services can begin launching by the end of the calendar year.

The first strategic direction is to build the infrastructure needed; the second to implement workforce and training enhancement; the third to educate communities to take action; and the fourth deals with program effectiveness and system accountability, in response to the recognition that data collection and analysis can be improved, along with the delivery systems used for disseminating that analysis.

Commissioner Hayashi mentioned her strong support for the hotline implementation within the first year, as it plays an important role and can make a huge difference in suicide prevention.

Commissioner Pating stated that the suicide prevention office represents a threshold event and suggested that a maximum press release strategy be part of the communication strategies employed.

Michelle Lawson provided the update on the Student Mental Health Initiative. The essential elements from the original program have been combined into four categories: campus-based mental health programs, systems and policy development, training, and evaluation.

Commissioner Hayashi asked how the money is being broken down -- is it based on need or --? Ms. Lawson responded that this has not been finalized as yet, but there are several selection criteria -- that it shows demonstration of need; that the population is underserved; that it demonstrates cultural appropriateness, and that it will be research-based.

Kirsten Deichart provided the update on stigma and discrimination reduction. DMH will be reconvening the original work group established by the OAC in a series of meetings to strategize with them on how best to focus their priorities, specifically on the role the media plays in perpetuating stigma or discrimination and the ways stigma and discrimination are seen in employment and housing problems. The first meeting will be held September 3<sup>rd</sup>.

They hope to provide a final plan to the OAC by January 2009. The plan will be modeled after the one used in the suicide prevention plan.

#### **IX. ACTION ITEM: Revised Committee Structure**

Beverly Whitcomb, MHSOAC staff, provided an update on the Revised Committee Structure. Proposed committee names were changed to Client and Family Leadership Committee, Cultural and Linguistic Competence Committee, MHSA Services Committee, Mental Health Funding and Policy Committee, and the Oversight and Accountability Committee. Proposed committee names could be changed later if desired. Each committee would have its own Chair and Vice-Chair.

Vice-Chair Poat noted that other committees can be approved later on as needed. Up to 15 community members (non-Commissioners) could be added as committee members.

Commissioner Vega stated the articulated purpose previously agreed to by the Client and Family Leadership Committee (*"ensuring the perspective and participation of those affected by mental illnesses and their family members are a significant factor in all Commission decisions and recommendations. This Committee will have a specific focus on clients, consumers, families and caregivers of traditionally underserved communities"*) and asked that it be added to the charter.

Final actions recommended by committees will always rest with the Commission; the committees will be advisory only. Ongoing work from current committees will be assigned to (folded into) one of the new committees.

### **Public Comment**

- Fran Edelstein enthusiastically thanked the Vice Chair for his comments about the importance of continuing to search together to find meaningful stakeholder input. She thinks it is very important that the Commission set the tone throughout the state for meaningful stakeholder process, which she sees as essential in the transformation mentioned by the Act.
- Dede Ranahan, NAMI California, asked if the members of each committee will be posted on the website. Executive Director Whitt assured her that it would be posted and that the Commission's listserve now has over 1,000 names on it and weekly messages talk about the activities of the committees. Also, the Commission hopes to launch its own website later this fall.
- Stacie Hiramoto thanked the Commissioners for all their hard work on the Committees.

Vice Chair Poat noted that everything the Commission does is iterative; he also reiterated that everything recommended by committee comes back to the OAC for adoption.

**Motion:** Upon motion by Commissioner Hayashi, seconded by Commissioner Prettyman, the Commission unanimously adopted the Revised Committee Structure.

### **X. Department of Finance OSAE Report**

Executive Director Whitt provided an overview of the Report. She briefly summarized the report on early implementation activity:

To determine the extent to which the Department's review process and plans were consistent with the Act; to determine how DMH protocols for review of the plan could be adjusted to improve efficiency; to review DMH processes for distributing funds to the counties and to make recommendations for improving the time length of such distributions.

Three main areas of deficiency were cited:

1. DMH's MHSA development and implementation process was found to be inefficient.

2. DMH's plan review and approval process, while consistent with the Act, was cumbersome and lengthy.
3. DMH had implemented several process improvements to increase funding to the counties; however, their internal processes remained flawed and fund distributions remained untimely.

Ms. Whitt stated two proposed motions developed by staff:

1. That MHSOAC staff develop a draft Memorandum of Understanding (MOU) with DMH that clearly outlines roles for both entities in key areas. The draft would be brought before the MHSOAC for review in September 2008.
2. That MHSOAC staff would develop materials about the MHSOAC and its role and disseminate these materials to key staff at the Department of Finance by October 2008.

Ms. Whitt stated that staff recognized that a tremendous amount of confusion existed as to who exactly the OAC is and how they function and what their relation is with DMH.

The beginnings of a rough draft of an MOU have been completed. Ms. Whitt has begun meeting with the Attorney General's (AG) Office legal staff to work towards clarifying the roles and responsibilities of the OAC and how they work in tangent with DMH.

Commissioner Poaster commented on the findings of the Report, which he said would be very consequential. He noted the importance of looking at the recommendations of the Report in juxtaposition with the Integrated Plan being developed. He also stated that development of the MOU is clearly an important piece of work and strongly believes the MOU process should move forward. Commissioner Henning also commented on the importance of moving forward on the MOU process.

Commissioner Chesbro reminded the Commission of the need to maintain a balance between working with DMH on the one hand and retaining the Committee's oversight function as an entity that works independently. Executive Director Whitt noted that this idea of balancing is now showing up as part of the MOU process.

Commissioner Prettyman asked how the OSAE Report was performed? Mark Heilman, DMH, who was the Audit Coordinator for the OSAE review, responded that the auditors selected a small number of entities to interview and also sent out a survey to all the county mental health departments.

#### **Public Comment**

- Stephanie Welch pointed out that the OSAE Report provides a vital function in terms of understanding the recommendations and the cause of some of the

recommendations. She asked that the OAC take a leadership role in terms of how the role clarification of the counties and their stakeholders is going to be a part of the course of corrective action recommended in the Report. Roles need to be clarified before moving into the initial three-year Integrated Plan. She also suggested that the September draft review presentation include a presentation about the roles and recommendations for counties and stakeholders.

## **XI. ACTION ITEMS: Adopt MHSOAC Three-Year Calendar**

### **Proposed Meeting Structure**

Executive Director Whitt discussed aspects of the Three-Year Calendar and asked if other activities should be included in the calendar structure. She noted that the calendar is structured to show the infrastructure of OAC activities from year to year.

Several Commissioners asked that the election structure (for Chair and Vice Chair of Committees) be shortened from three months to one month. New leadership will be elected in November and begin the following January.

Commissioner Poaster inquired as to budget development and the Commission's responsibilities related to that. Executive Director Whitt responded with an explanation of budget development chronology, noting that she is working with the AG's Office to further clarify the budget development discussion parameters per the Bagley-Keene Act.

Commissioner Gould expressed the hope that the Commission could eventually meet less frequently than monthly, which would reduce stress, especially on staff. Vice Chair Poat agreed and hoped that could happen in the near future.

Commissioner Vega reiterated his request that meeting places take into account the accessibility of public transportation directly to the meeting place.

### **Public Comment**

- Carmen Diaz expressed her wish that the Los Angeles meetings could be held at a place other than LAX; perhaps at Cal Endowment. She also asked that, once meeting dates are set, they not be changed at a later time.
- Dede Ranahan expressed her concern that some of their stakeholders have difficulties meeting on a Friday. She asked if it were possible to get hotel reimbursement for stakeholders who need to stay over on Friday night. Vice Chair Poat stated they would need to get back to her on that.

Commissioners then discussed the pros and cons of various meeting days and times.



**Motion:** Upon motion by Commissioner Chesbro, seconded by Commissioner Vega, the Commission voted to adopt the MHSOAC Three-Year Meeting Calendar and adopted the Revised MHSOAC Meeting Structure as reflected in the Calendar, with meetings occurring on Thursday morning prior to the full MHSOAC Meeting. Full MHSOAC Meetings begin on Thursday afternoons and continue until 5:00. MHSOAC reconvenes on Friday until 5:00. In the event of one day meetings, Meetings will take place on Fridays from 9:00 to 5:00 and the Thursday before can be available for committee meetings. The vote was 7-0-2 (7 aye, zero no, two abstentions).

#### **Business Work Plan for FY 2009-10 - comments**

Ms. Whitt reminded the Commissioners of the three elements of the proposed Business Work Plan - the strategic calendar, the committee charters and the budget and staffing plans. In addition, logic model future infrastructure projections contain beginning frameworks for future budget discussions which lay out, in broad terms, the work that the Commission does and how that corresponds to the kinds of resources the Commission has.

#### **Strategic Work Plan for FY 2009-10 - comments**

Ms. Whitt commented that the proposed Strategic Work Plan hopefully delineates the Commission's mission, core values, goals, vision and leadership.

Core values ("right care") include prevention-oriented, client-centered, family-focused, community-based, culturally and linguistically competent, recovery- and resiliency-based, trauma-informed, co-occurring disorders competence; and an integrated system which recognizes that the pursuit of wellness is common to us all and deserving of our best efforts.

Goals include:

1. To address mental health stigma and the resulting discrimination which impedes on the full inclusion of individuals, children and families living with mental illness in their communities;
2. To insure the Mental Health Services Act serves as a catalyst for the long term transformation of the mental health system from "fail first" to "help first," including a "whatever it takes, right care, right time, right place" approach to service provision.
3. To provide oversight and accountability for the development of an integrated, consistent approach towards evaluating the results of the Mental Health Services Act ensuring that what is learned is reflected to all levels of the system in order to improve services and outcomes.

4. To provide oversight and accountability over the mental health services fund and ensure accountability to the intent and purpose of the Mental Health Services Act.

Ms. Whitt further commented that the proposed Strategic Plan is designed to allow the Commission to cover all the things they are allowed to do as mandated by the Act, and to incorporate the recommendations from the committee and form special topic work groups if the Commission chooses to. At the end of each year an annual report will be disseminated that outlines what has been accomplished, according to what has been laid out in the proposed Strategic Plan.

The proposed Plan will be brought before the Commission again in August '08 for adoption; and for subsequent edit in October '08 (based on the outcomes of the MOU); and then reviewed in March '09 and finalized for the next three-year period.

Ms. Whitt noted that this is the beginning of a process that will eventually link together all the work so that it has an end point; it will reflect all the committee work, all the work group work, and all the staff analysis; and everything will feed into the finalized Strategic Plan.

Commissioner Trujillo noted the importance of this being a dynamic plan that changes and grows as the Commission accomplishes goals and objectives.

### **Public Comment**

- Stephanie Welch noted the impressive nature of the goals and objectives in the Plan. She cautioned that identified Commission roles and responsibilities should be reflected in the Strategic Plan; i.e. they should be in conjunction with one another. She also commented on the importance of identifying actions and ways of measuring the success of those actions.

### **XII. Commissioner Question and Answer Period on Various Reports**

Vice Chair Poat suggested, on behalf of himself and other Commissioners, that it is not necessary to see copies of the full legislation; that a summary is sufficient.

(No questions were asked.)

### **Public Comment**

- Sandra Marley commented that the Commission was doing great with government relations and she hopes that will continue.

**XIII. Review Agenda for August 2008 Meeting**

A discussion on Commission response to legislation was initiated -- should the Commission respond at all; and if so, under what circumstances? Vice Chair Poat suggested that time be set aside to further discuss the subject. Is there some sort of sponsored legislation that the Commission will want to look at for the year ahead? Broadly speaking, what will be the Commission's preferred role on legislation?

Vice Chair Poat reviewed the proposed August Agenda.

**XIV. Open Public Comment Period**

- Carmen Diaz thanked the Commissioners for the meeting. She reminded them that some of the stakeholder meeting members come from a long distance away and that should be taken into consideration. She inquired about upcoming meetings.

**XV. Adjournment**

Vice Chair Poat adjourned the meeting at 5:05 p.m.